

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32841

State File No.

FILED OCT 9 1943 74  
Registration District No.

Primary Registration District No. 6-27-64550 Registrar's No.

1. PLACE OF DEATH:

- (a) County. North  
(b) City or town. Sheridan Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. 1  
(Specify whether  
In this community. Most of entire life  
years, months or days)

3. (a) PRINT FULL NAME Caroline Holliday

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bill Holliday 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased Sept 5 1955  
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Bath County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Daniel Barker

13. Birthplace Bath County Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Roland

15. Birthplace Bath County Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Holliday

- (b) Address Sheridan Missouri

17. (a) Burial (b) Date thereof Sept 13 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Sheridan Mo

18. (a) Signature of funeral director John Anderson, Jr

- (b) Address Grand City Mo

19. (a) Sept 15 - '43 (b) Arlene Scadden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County North  
(c) City or town Sheridan Mo  
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Sept day 10 year 1943 hour minute 8:00 M.

21. I hereby certify that I attended the deceased from Jan 10 1943, to Sept - 10 1943

- that I last saw her alive on Sept 9 1943

- and that death occurred on the date and hour stated above.

- Immediate cause of death Myocardial degeneration - heart Duration 10 yrs

- Due to.

- Due to.

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)

- Address [Address] Date signed [Date]

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

MAR 24 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John Andrews Jr.

John Andrews Jr., Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

John Andrews Jr.

Licensed Embalmer No. 4211

P. O. Address Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.